

Appl. No. : 10/005,751
Filed : November 7, 2001


Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

If Examiner has any questions or other unresolved issued, please contact the undersigned at the number listed below.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: 10/31/03

By: 
Arthur S. Rose
Registration No. 28,038
Attorney of Record
Customer No. 20,995
(949) 760-0404

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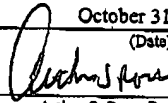
Applicant : Martin Philip Riddiford
 App. No. : 10/005,751
 Filed : November 7, 2001
 For : COMPUTER WITH A PEN OR TOUCH SENSITIVE DISPLAY
 Examiner : Lisa Lea-Edmonds
 Art Unit : 2835

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

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Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Supplemental Amendment After Final in 15 pages.

The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	56 - 45 =	1202 (\$18)	11 x 18 =	\$198
Independent Claims	9 - 9 =	1201 (\$86)	x 86 =	\$0
Multiple Claim		1203 (\$280)		\$
1 Month Extension		1251 (\$110)		\$
2 Month Extension		1252 (\$420)		\$420
3 Month Extension		1253 (\$950)		\$
TOTAL FEE DUE				\$ 618

(X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

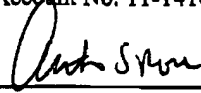
(X) A check in the amount of \$618 is enclosed.

(X) Return prepaid postcard.

Docket No.: PSION.1CP1C1

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